

EXHIBIT 3

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201949001303

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) THOMAS		3. LAST (Family) TOY	
2. MIDDLE HOMER		4. DATE OF BIRTH mm/dd/ccyy 05/25/1935	
5. AGE Yrs. 83		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/ccyy 04/23/2019	
15. DECEDECENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. HOUR (24-hours) 1335	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PLANNER ESTIMATOR		18. YEARS IN OCCUPATION 63	
20. DECEDECENT'S RESIDENCE (Street and number, or location) 940 MILLBRAE AVENUE			
21. CITY SANTA ROSA		22. COUNTY/PROVINCE SONOMA	
23. ZIP CODE 95407		24. YEARS IN COUNTY 57	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP AGNES TOY, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 940 MILLBRAE AVENUE, SANTA ROSA, CA 95407		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST AGNES	
29. MIDDLE A		30. LAST (BIRTH NAME) ROMERO	
31. NAME OF FATHER/PARENT - FIRST HOMER		32. MIDDLE CHARLES	
33. LAST TOY		34. BIRTH STATE PA	
35. NAME OF MOTHER/PARENT - FIRST LAURA		36. MIDDLE L	
37. LAST (BIRTH NAME) TEMPLETON		38. BIRTH STATE PA	
39. DISPOSITION DATE mm/dd/ccyy 04/30/2019		40. PLACE OF FINAL DISPOSITION LIMESTONE CHURCH OF GOD CEMETERY	
41. TYPE OF DISPOSITION(S) CR/TR/REL		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT ADOBE CREEK FUNERAL HOME & CREMATION SERVICES	
45. LICENSE NUMBER FD1646		46. SIGNATURE OF LOCAL REGISTRAR CELESTE PHILLIP MD, MPH	
47. DATE mm/dd/ccyy 04/30/2019		101. PLACE OF DEATH OWN RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 940 MILBRAE AVENUE	
106. CITY SANTA ROSA		107. CAUSE OF DEATH MESOTHELIOMA, ETIOLOGY UNKNOWN	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, state type of operation and date.) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 12/10/2018 Decedent Last Seen Alive: 12/28/2018		115. SIGNATURE AND TITLE OF CERTIFIER REX DELL HARNER M.D.	
116. LICENSE NUMBER G29415		117. DATE mm/dd/ccyy 04/25/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REX DELL HARNER M.D.			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/ccyy			
122. HOUR (24-hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/ccyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } 5/06/2019
COUNTY OF SONOMA } SS DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PRNCO (Rev) 12/15LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE